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Disaster Medical Care

The Part Played by the State Medical Association

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SURVIVAL FROM DISASTER has continually assumed increasing importance to everyone. We are all aware in a rather vague way that there is talk of a *Survival Plan*, but too few physicians know of the part that they must play in it and that their medical societies must take an active and major role. Public apathy toward large-scale disaster is much like public apathy to some of the more severe infectious and malignant diseases. It can no longer be excused on the basis that the public is uninformed. The apathy of physicians to large-scale disaster is particularly inexcusable. We are prone to search for some vast organization that can meet the danger, and are unwilling to face the fact that we must provide the leadership in our own communities in order for any plan for survival to be effective.

When we have faced this fact and have begun to be aware of the problem—it is then only a simple matter of becoming informed as to what has already been done in our communities by local hospitals, medical associations, and the designated individuals charged with the responsibility for disaster preparedness, regardless of the type of disaster.

When the physician has become sufficiently motivated to participate, his county society Civil Disaster Committee takes on new meaning and new importance to him. With new interest and new

motivating forces, his hospital disaster committee begins to bring its disaster and evacuation plans up-to-date and to hold test exercises. He is suddenly aware that he may not even have concerned himself about his own patients' being immunized against tetanus, typhoid fever or poliomyelitis. He becomes interested in the handling of mass casualties and in the necessity for simple standardized techniques in the management of large numbers of medical casualties. Thus, when each physician becomes aware and begins to work and act, the community also becomes interested and enthusiastic; and soon, we have people who are informed about what may happen in the event of a disaster and what they can do about it.

The state medical associations are in an excellent position to implement a Survival Plan for each community by giving organizational assistance, instruction and encouragement through the county medical societies. In California, this includes:

1. Assistance in developing standards for adequate hospital disaster and evacuation plans.
2. Assistance in the organization and training of personnel to operate the available first-aid stations.
3. Instructions to the entire medical and paramedical professions in techniques in caring for mass casualties.
4. Encouragement to each community to carry out test exercises in order to perfect the plans for actual disaster.

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Member, California Medical Association Committee on Disaster Medical Care (Henderson); Chairman, California Medical Association Committee on Disaster Medical Care (Stein).

5. The development of mutual-aid plans with other states.

A great deal of work has already been done in preparing for disaster in California. Stein^{2,3,4} enumerated the accomplishments since 1950 of the California Medical Association Committee on Disaster Medical Care, the Governor's Emergency Medical Advisory Committee, and the California Disaster Office. The following 12 projects give support to the acknowledgment of California's leading role in the national defense picture:

1. The formulation of a Civil Defense Operations Plan by the state for over-all control, organization and continuity of government.

2. The development, purchase and stockpiling of 683 first-aid stations through the state.

3. The obtaining and storage of 142 Civil Defense emergency 200-bed hospitals in the state and locating them outside target areas wherever possible.

4. The development, publication and distribution of training manuals covering the operation of first-aid stations and Civil Defense hospitals.

5. The purchase and distribution of 50 water chlorinating units.

6. The purchase and storage of 378,000 blood procurement bottles, donor and recipient sets.

7. The purchase, stockpiling and plan for rotation of a large supply of antibiotics.

8. The initiation and encouragement of immunization programs, especially for poliomyelitis, tetanus and typhoid.

9. The insistence that each county medical society have an active Civil Disaster Committee and that

each hospital in the state have an up-to-date disaster plan.

10. The development and distribution of training units for test exercises with first-aid stations and Civil Defense hospitals.

11. The development of training courses and the encouragement to communities to hold test exercises, such as Operation Star in Alameda and Contra Costa counties which included 24 hospitals, 12 first-aid stations and 3000 participants.

12. The sponsorship of an annual symposium on disaster medical care at our California Medical Association meetings.

Each physician must become aware of the necessity and urgency for putting this survival plan into operation. It is up to him to assume leadership as Hoegh¹ has most capably put it:

"In creating the kind of strength we must have, it is entirely possible that we could prevent an attack from ever occurring. Strength is always a deterrent. Even the foolish would hesitate to attack a nation that is prepared to survive and recover."

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